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Request	Application Number	10/046,497)	
for Continued Examination (RCE) Transmittal	Filing Date	October 26, 2001	HIBRUSON	
	First Named Inventor	Er-Xuan Ping	140	
	Art Unit	2814 /	M. BRUNSON	
fail Stop RCE commissioner for Patents	Examiner Name	Thao X. Le	1001	
P.O. Box 1450 Nexandria, VA 22313-1450	Attorney Docket Number	MTF31041-A	1903	
his is a Request for Continued Examination (RCE) u tequest for Continued Examination (RCE) practice under 37 CF 995, or to any design application. See Instruction Sheet for RC	R 1.114 does not apply to any util	ity or plant application filed prior to June 8,]	
Submission required under 37 CFR 1.114 Not amendments enclosed with the RCE will be entered in the applicant does not wish to have any previously filed unent amendment(s).	e order in which they were filed unl	less applicant instructs otherwise. If		
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.				
i. Consider the arguments in the Appeal Brief or Rely Brief previously filed on				
ii. Other				

	Consider the arguments in the Appeal Brief or Rely Brief previously filed on
	ii Other
	b. Enclosed
	i. Amendment/Reply (22 pages) iii. Information Disclosure Statement (IDS), Form 1449, iii. Affidavit(s) Declaration(s)
	ii. Affidavit(s) Declaration(s) iv. Other
2.	Miscellaneous
	Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
	b. Other
3.	Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
	a. Deposit Account No. 23 - 2053
	i. RCE fee required under 37 CFR 1.17(e)
	ii. Extension of time fee (37 CFR 1.136 and 1.17)
	iii. Other
	b. Check in the amount of \$ 750.00 (RCE fee) enclosed
	c. Payment by credit card (Form PTO-2038 enclosed)
	WARNING: Information on this form may become public. Credit card information should not

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print/Type) Kristine M. Strodthoff
Signature Knothe M. Strodthoff Registration No. (Attorney/Agent) 34259 Date CERTIFICATE OF MAILING OR TRANSMISSION

be included on this form. Provide credit card information and authorization on PTO-2038.

Unice on the date snowing below.

Name (Print/Type)

Signature

Date

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